


FILED
Jun 10, 2004 8:00 am
Secretary of State

05-14-2004 90447 006 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000021513 1. Entity Name MJV, LLC	
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Principal Place of Business 15051 S TAMiami TRAIL #203 FT MYERS, FL 33908	Mailing Address 15051 S TAMiami TRAIL #203 FT MYERS, FL 33908
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34008467



DO NOT WRITE IN THIS SPACE

05112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0569607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

COSTELLO, TRUMAN J ESQ
12670 NEW BRITTANY BLVD
SUITE 101
FT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, EDWARD D 15051 S TAMiami TRAIL #203 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/1/04 239-466-7737
Date Daytime Phone #